

File with:
Iowa Ethics and Campaign
Disclosure Board
610 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE
2007-02-2 P. 3 52

COMMITTEE NAME (Must be same as on Statement of Organization)

Raiaa Hanson for City Council

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Raiaa Hanson

Office Sought

District (If Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Online Use Only	
Comm. #	_____
Logged in	_____
Scanned	_____
Computer	_____
Audited	_____

Let's reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Raiaa Hanson
SIGNATURE OF PERSON FILING REPORT

515-265-4869
TELEPHONE

11-2-07
DATE SIGNED

I AM FILING A 11-2-07 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(repen date) Indicate by # ☐

☒ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committee, enter Date of Election

County & Local Committee, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

--UNPAID BILLS (From Schedule D - Attach Schedule D)

--IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

--OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

<u>0</u>
<u>530.00</u>
<u>0</u>
<u>0</u>
<u>530.00</u>
<u>0</u>
<u>0</u>
<u>530.00</u>
<u>951.91</u>
<u>100.00</u>
<u>0</u>
YES <u>X</u> NO
<u>0</u>

For Instructions, See Back of Form

RECEIVED

OCT 30 2007

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Raian Hanson for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9-27-07	ID# CK# Cash	Chuck Dyer 6047 Meadowlark Ct. Pleasant Hill, IA 50327	granddad	\$ 65.00	<input type="checkbox"/>
11-17-07	ID# (CK#)	Carolyn Wilkins 423 Tyler Blvd. Pleasant Hill, IA 50327	friend	20.00	<input type="checkbox"/>
9-27-07	ID# (CK#)	Linda Westergaard 4009 E. 23rd St Des. Moines, IA 50317	friend	200.00	<input type="checkbox"/>
9-27-07	ID# (CK#)	Kathy Anderson 4034 Kathleen Way Davenport, IA 52807	Aunt	25.00	<input type="checkbox"/>
10-9-07	ID# (CK#)	Kathy Hiatt 4543 Willoughby Road. Holt, MI 48842	Mother	25.00	<input type="checkbox"/>
10-9-07	ID# (CK#)	Martha Miller 5230 E. Oakwood Dr. Pleasant Hill, IA 50327	friend	25.00	<input type="checkbox"/>
10-15-07	ID# (CK#)	Phil Hildebrand 300 Edgewood Ln. Pleasant Hill, IA 50327	friend	25.00	<input type="checkbox"/>
10-15-07	ID# (CK#)	Iris Swanson 4990 Ash Dr. Pleasant Hill, IA 50327	friend	25.00	<input type="checkbox"/>
11-17-07	ID# (CK#)	Kathy Zimmer 2980 N.E. 56th Street Altoona, IA 50009	friend	20.00	<input type="checkbox"/>
10-23-07	ID# CK# Cash	Pat Dunagan 6047 Meadowlark Ct. Pleasant Hill, IA 50327	friend	50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 480

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Raean Hanson for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/17/07	ID# CK# 5292	Barbara Stirling 350 Williamson St. Pleasant Hill, IA 50327	friend	\$ 50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 50.00

TOTAL (if last page of this schedule)

\$ 530.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Raia Hanson for City Council

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD
10/13/07	Ted Dyer 447 N. Shadyview Pleasant Hill, IA 50327	Buttons purchased in kind contribution	\$ 203.01
10/12/07	Signworks INC. 749 NE. Broadway Ave. Des Moines, IA 50327	Signs purchased	748.90

SUB-TOTAL \$ 951.91

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

\$

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
 (for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Raiaa Hanson for City Council



SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/11/07	Ted Dyer 447 N. Shadyview Blvd. Pleasant Hill, PA 50327	uncle	Flyers	\$ 100.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 100.00

TOTAL (if last
page of this
schedule) \$ 100.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)